



PATIENTS-PHYSICIANS MEETING DAY
SEPTEMBER 23th 2017
LIMOGES
Salle de l'Espace Cité
2 rue de la Providence

REGISTRATION FORM

Last Name :

First Name :

Address :

Mobile Phone : Phone Number :

Mail Address :@.....

(Do you accept that your mail address and your phone numbers will be mentioned on the meeting participants list ?

YES NO (Delete where not applicable)

Accompanying 1 : Last Name : First Name :

Accompanying 2 : Last Name : First Name :

Accompanying 3 : Last Name : First Name :

MEALS

Number of persons that will be present at the **lunch** the 23th of sept. 2017 **noon** : x 15 €

Number of persons that will be present at the **dinner** the 23th of sept. 2017 **evening** : x 25 €

TOTAL : €

The registration form must be sent duly completed and accompanied by the payment check payable necessarily and only to the Treasurer of Waldenström France :

Madame Michelle AIRAUD
Trésorière de Waldenström France
35 bis Rue du Port Fidèle
85800 SAINT-GILLES CROIX de VIE

***NOTE :** No booking will be accepted without having received the registration form with the corresponding check. To facilitate the office's work, we kindly ask you to respond as soon as possible. This way, you will contribute to the organization of this day. We thank you in advance.*